



OFFICE OF EMERGENCY MEDICAL SERVICES
Administrative Requirements Manual

Effective: January 1, 2009 Authorization: Page: 1 of 6

A/R Title: EMT Continuing Education Standards

Supersedes: N/A

PURPOSE:

To further specify the standards for EMT continuing education, pursuant to 105 CMR 170.810(C)(2)(b); 170.820(C)(2)(b) and 170.840(C)(2)(b); the subject matter of training programs offered by nonaccredited training providers that meet the requirements of 105 CMR 170.964(A) and are eligible for approval by the Department for EMT continuing education credit, as well as for training programs offered by accredited training providers that meet the requirements of 105 CMR 170.950(A) with regard to continuing education programs eligible for EMT continuing education credit.

REQUIREMENTS:

Training programs for EMTs that take place on or after January 1, 2009 may be awarded continuing education credits by the Department only for subject matter that is:

1. within the EMT's defined scope of practice, and
2. within the defined roles and responsibilities of the EMT, and
3. at the appropriate level of training for the EMT in attendance.

All training must be based on the categories and objectives contained in the Statewide Treatment Protocols, the U.S. Department of Transportation's (DOT's) National EMS Core Content, and the Commonwealth's EMS laws, regulations and administrative requirements. The following are the broad subject areas for training programs to be approvable for EMT continuing education credit. Please see DOT's National EMS Core Content for a detailed list of approvable subjects, in addition to matters covered in the Statewide Treatment Protocols, state EMS laws, regulations and administrative requirements. There may also be other topics that are related to prehospital patient care that do not appear in the National EMS Core Content or the Statewide Treatment Protocols. For such topics, the proposed course outline must demonstrate specifically the patient care portions of the course.

Module 1 - PREPARATORY

1. EMS Systems – Components, Levels of Training; Roles and Responsibilities of the EMS Provider; Traits of a Good EMT; Quality Improvement; Medical Control/Direction.
2. The Well-Being of the EMS Provider – Body Substance Isolation; Personal Protective Equipment; Diseases of Concern; Illness and Injury Prevention; State Mandatory Reporting Laws, Regulations and Form; Stress Relief, Stress Debriefings, CISD & CISM Counseling.
3. Medical, Legal and Ethical Issues – Scope of Practice; Actual and Implied Consent; Refusal of Care Issues/Documentation; Comfort Care/DNR Issues; Negligence; Duty to Act; Standards of Care; Good Samaritan Laws; Patient Confidentiality (Federal & State); Organ Donors; Crime Scenes; Mandated Reporter Laws (child, elderly, patients in licensed facilities).
4. The Human Body – Anatomical Terms; Body Systems (Physiology)
5. Lifting and Moving Patients – Proper Body Mechanics; Emergency Moves; Non-Emergency Moves; Use of Cot, Stair Chair and Ancillary Devices required on Ambulance.



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Module 2 – AIRWAY

6. Airway Management – Adequate Breathing (rate, depth, accessory muscles); Positioning the Airway; Techniques of Artificial Ventilation; Airway Adjuncts (Basic and Advanced levels); Suctioning Devices and Techniques; Oxygen Therapy (Administration, Hazards, Devices).

Module 3 – PATIENT ASSESSMENT

7. Scene Size-up – Scene Safety; Nature of Incident; Number of Patients and Adequacy of Resources; EMT at the Crime Scene.
8. Initial Assessment – General Impression of Patient(s); Mental Status; Assess A, B, C's; Determine Transport Priority; Patient Characteristics and Initial Assessment.
9. Vital Signs & SAMPLE History – Pulse (rate, regularity, strength); Respirations (rate, regularity, strength); Blood Pressure; Skin (color, moisture, temperature); Oxygen Saturation; Capillary Refill; Obtain SAMPLE history.
10. Assessment of the Trauma Patient – Focused History and Physical Exam; Detailed Physical Exam; Significant vs. Non-Significant Mechanism of Injuries/Injuries.
11. Assessment of the Medical Patient - Focused History & Physical Exam, Responsive vs. Unresponsive Patient.
12. Ongoing Assessments – Components, Trending, Stable vs. Unstable Patients.
13. Communications – Radio Systems & Devices; Prehospital Notification; Verbal Reports; Interpersonal Communications.
14. Documentation – Prehospital Care Reports (written & electronic); Functions & Elements of a Good PCR; Special Documentation Issues; Legal Issues (confidentiality, falsification, how to make corrections/changes in PCR, Mass Casualty Incidents), Special Issues (exposure to infectious disease, hazardous chemical/gas, injury to EMS personnel, defective equipment, unsafe conditions that should be made known to others, incident report, Medical Device Reporting Form, etc.).

Module 4 – MEDICAL EMERGENCIES

15. General Pharmacology – Medications EMT-B, EMT-I, EMT-P can assist and/or deliver; Right Drug, Right Dose, Right Patient; Drug Names, Effects of Medications (intended vs. unintended); Medications often taken by patients.
16. Respiratory Emergencies – Respiratory A & P; Adequate vs. Inadequate Respirations; Adequate vs. Inadequate Artificial Ventilations; Assessment; Breathing Difficulty; Prescribed Inhaler; Nebulizer.
17. Cardiac Emergencies – Cardiac A & P; Cardiac Compromise; Cardiac Arrest Management, AED Use; Implants and Prior Surgery; Use of Aspirin.



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Module 4 – MEDICAL EMERGENCIES (continued)

18. Acute Abdominal Emergencies – Abdominal A & P; Abdominal pain & distress; Causes, treatment, positioning.
19. Diabetic Emergencies & Altered Mental Status – Diabetic Emergencies; Use of Glucometer for Altered Mental Status Patients; Seizure Disorders; Stroke/TIA; Dizziness; Syncope, Head Injury, Drugs; etc.
20. Allergic Reactions – Difference between Anaphylaxis & Mild Allergic reactions; Assist Patient with prescribed Epi-pen vs. Epi-pen on ambulance.
21. Poisoning & Overdose Emergencies – Ingested, Inhaled, Absorbed, Injected Poisons; Alcohol & Drug Abuse; Poison Control & Medical Control.
22. Environmental Emergencies – Cold, Heat & Water Emergencies; Water & Ice Rescue by EMS (reach, throw & row); Bites & Stings (insects, snakes & marine).
23. Behavioral Emergencies – Definitions & Causes; Situational Stress Reactions; Psychiatric Emergencies; Suicidal Ideation, gestures, acts; Aggressive/hostile Patients; Reasonable Force & Restraint (de-escalation, personnel & training required, methods; devices carried on ambulances); Transport to Proper Facility, Medical/Legal Considerations & Documentation (“Section 12 pink paper” and Form BB-303 alternative paper from MA Department of Mental Health for transport of mental health patients already in hospitals).
24. Obstetrics & Gynecological Emergencies – A & P of Childbirth; Pregnancy, Labor & Delivery.
25. Multiple or Vague Medical Complaints – Sick or Not Sick

Module 5 – TRAUMA

26. Bleeding and Shock – Circulatory A & P; Internal vs. External Bleeding; Shock (causes, severity, treatment); Dressings & Bandages.
27. Soft Tissue Injuries – Closed vs. Open Wounds; Neck, Chest, Abdominal Wounds; Burns (causes, severity, depth, Rule of Nines); Electrical Burns; Treatment.
28. Musculoskeletal Injuries – A & P; Mechanisms of Injury; Painful, Swollen, Deformed Extremity; Assessment, Splinting.
29. Injuries to Head and Spine – Head & Spine A & P; Injuries to Skull, Brain, Face, Neck & Spine; Glasgow Coma Scale, Trauma Score; Mechanisms of Injury; Cervical Collars, Helmet Removal; Seated Patient Immobilization with Short Spineboard Device; Proper Prone, Supine & Standing Patients Immobilization with Long Spineboard, Orthopedic Stretcher & Straps (to prevent movement in horizontal, latitudinal & rotational planes).
30. Putting it all together on Trauma – Multiple Trauma (one patient and multiple patients); Trauma patient with underlying medical complaint(s); Golden Hour, Air Ambulance, Trauma Centers.



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Module 6 – YOUNGER & OLDER PATIENTS

31. Infants and Children – Developmental Characteristics; Psychological & Personality Characteristics; Anatomical & Physiological Differences by Age Groups; Interacting with Pediatric Patients; Dealing with Parents & other caregivers; Assessment of Pediatric Patients (Scene Size-up & Safety, Initial, Focused History & Physical Exam, Detailed Physical Exam, Ongoing Assessment); Special Concerns (Airway Maintenance, Resuscitation, Shock, Heat Loss; Respiratory Diseases; Meningitis, Epiglottitis, Fever, Vomiting & Diarrhea; Seizures; SIDS, Child Abuse/Neglect, Special Medical Needs (tracheotomy patients, home ventilators, Central IV Lines, Feeding Tubes, Shunts), Therapeutic Communications; State Law re: Parents in ambulance with child.
32. Geriatric Patients – Communicating & Assessing Geriatric Patients; Life Span Development; Reasons for Calling EMS; Drug vs. Drug Interactions, Drug vs. Patient Interactions, Multiple Medications; Elder at Risk; Elderly Abuse/Neglect, Therapeutic Communications.

Module 7 – OPERATIONS

33. Ambulance Response – Preparing the Ambulance; Receiving & Responding to the Call; Safe & Proper Methods of Moving Patient from Scene to Ambulance;(use of stair chair, auxiliary carrying devices, ambulance cot); Ongoing Assessment & Care En route to Hospital; Transfer of Care to Hospital Staff (verbal & written reports); Patient Personal Belongings; Terminating Call (cleaning, re-stocking at hospital vs. quarters).
34. Air Ambulances – When do you call? Where is landing zone? Landing Zone set up issues. How & when to approach helicopter.
35. EMS Gaining Access and Rescue Awareness – Scene Size-up & Safety; Recognizing & managing Hazards (with equipment mandated on an ambulance); Stabilizing Vehicle & Gaining Access.
36. Special Situations – HAZMAT Awareness Training; Responsibilities of EMT; Establishing Staging, Treatment & Transport Sectors; Incident Command System; Multiple vs. Mass Casualty Event; Scene Management; Psychological Aspects of Multiple & Mass Casualty Events.
37. EMS Response to Terrorism – NIMS & Incident Command System; Types of Terrorism; Initial Event & Subsequent Device(s) Potential; Time/Distance/Shielding for CBRNE Events; Responding to & Recognizing Potential CBRNE Event; Dissemination & Weaponization; Characteristics of Chemical, Biological, Radiological & Incendiary Devices; Strategy & Tactics in dealing with CBRNE agents; Treat & Transport vs. Decontamination.



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OTHER TOPICS FOR CONTINUING EDUCATION PROGRAMS

Venous Access (EMT-I & EMT-P only)

IV Drip vs. Bolus; IM, SQ Medication Administration (EMT-P only)

ALS Assist Skills (ECG Lead placement, Ventilating intubated patient, IV fluid set up, etc.)

Advanced Airway Management (ETT, LMA, EGTA, Combitube, Bougie use, Difficult Airway, etc.)

Intra-osseous IV access (EMT-P level only)

Prehospital Medications (per Statewide Treatment Protocols)

Ambulance Trip or Case Reviews (EMT led program)

Mortality & Morbidity Review (MD, RN, Hospital staff program)

Other patient care, Medical or Trauma related instructional programs.

See also the EMT Recertification Handbook for further information on teaching credits, special credit for non-OEMS approved patient care related courses and activities.

Content that will no longer receive EMS Continuing Education credits:

- Programs that do not reasonably relate to the National EMS Core Content, Statewide Treatment Protocols, or Massachusetts EMS laws, regulations and administrative requirements
- CPR courses, ACLS
- Instructor Courses (train the trainer)*
- Police, Fire, Rescue or other employment required training (credits will be awarded only for the training time directly related to hands on use of approved patient care devices carried on ambulance equipment and/or direct patient treatment)

*Certified Instructors may receive up to 10 hrs of credit for teaching first aid, CPR and/or EMS classes per recertification period.



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A/R Title: Training Program Subject Matter Approvable for EMT
Continuing Education Credit

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EMS Minimum Skills Summary

Continuing education outlines must identify the assessment skills and treatment protocols that are consistent with the established standards of care for each level of certification. Instructors should include active student participation in practical training and conclude with a skills assessment when teaching these procedures. These skills must be associated with equipment approved on the OEMS ambulance equipment list, according to a special project waiver, or as defined by the Statewide Treatment Protocols. The following is a non-inclusive list of approved skills:

BASIC

Oxygen therapy
Airway adjuncts
Airway control
Aspirin administration
Epinephrine autoinjector
Activated charcoal administration
Oral glucose administration
CPR & AED
Bandaging
Splinting techniques
Spinal immobilization
Patient assessment
Lifting & Moving patients
Scene/traffic safety, vehicle positioning
Use of Triage Tags

INTERMEDIATE

All Basic Skills
ETT, EGTA (NG/OG)
Combitube/LMA
IVs

PARAMEDIC

All Basic & EMT-I Skill(s)
Intraosseous infusion
Needle Chest Decompression
Cardiac monitor/pacing
Administration of medication(s)

Some specialized skills that involve specific service requirements and medical control agreements with an ambulance service Medical Director include the following:

BASIC

Albuterol administration
Glucose measuring device

INTERMEDIATE

All Basic Skills

PARAMEDIC

Needle Cricothyrotomy